

**TRAUMA-INFORMED CARE:
EMPOWERING. ENGAGING.
EFFECTIVE.**

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Learning Objectives

1 Understand what trauma-informed care is, what it looks like, and how it is different from the medical model

2 Understand how sex offenders are more complex as both victims and perpetrators of trauma. And how sex positive treatment can change trauma outcomes

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What is Trauma?

- Extreme stress (threat to life, bodily integrity, or sanity)
- It is subjective
- It lives in the body
- It shakes the nervous system into froth
- It often interferes with relationships
- It affects the fundamental beliefs about oneself and others
- It causes one to question their place in the world
- It's a lot more common than you think

The Many Faces of Trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious



Prevalence of Trauma

- **Fifty-six percent** of the general population report at least one traumatic event in their life (Kessler, 1996)
- **Ninety percent** of behavioral health consumers have been exposed to a traumatic event; most have multiple exposures (Muesar, 1998)
- **Sixty percent** of adults report experiencing abuse or other difficult family circumstances during childhood
- **Twenty-six percent** of children in the United States will witness or experience a traumatic event before they turn four

(National Center for Mental Health Promotion and Youth Violence Prevention 2012)

Sex Offenders as Victims and Perpetrators of Trauma

- My Father's Story
 - *3 or More Generations of Sexual Abuse and Destructions*
 - Mary - my maternal grandmother, likely a survivor of abuse and a perpetrator of child sexual abuse
 - Robert- my father, a survivor of emotional, physical and sexual abuse and a perpetrator of all in varying degrees on all of his children
 - Christy- a victim of physical, sexual and emotional abuse and a perpetrator of elder sexual abuse.

Victims or Perpetrators - when is the line drawn in the sand.

How People are Affected by Trauma Depends on Many Factors

- Person
 - Age or developmental stage
 - Past experiences
 - Inherent strengths and coping skills
 - Cultural beliefs
- Environment
 - Support from significant others
 - Access to safety and other resources
- Event
 - Severity and chronicity
 - Interpersonal vs. act of nature
 - Intentional or accidental

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Early Relationships

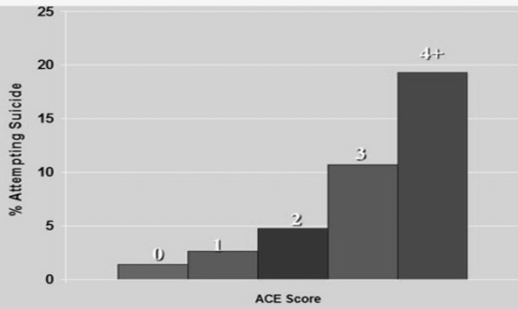
Relationships are developed through the emotional bond between the child and caregiver. It's through this relationship that we learn to:

- Regulate emotions
- Develop trust
- Explore our environment
- Understand ourselves and others
- Establish a worldview

ACE Studies

- National ACE Study
<http://www.cdc.gov/nccdphp/ACE/>
<http://acestoohigh.com>
- Wisconsin ACE Study
<http://wischildrentrustfund.org/files/WisconsinACEs.pdf>

ACE Score and Suicide Attempts



2011 Wisconsin ACE Study Findings

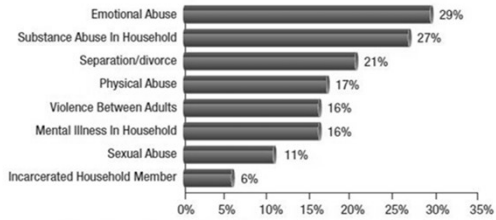
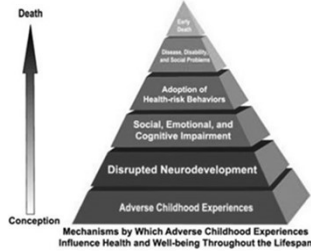


Figure ES1. Prevalence of Individual ACEs in Wisconsin

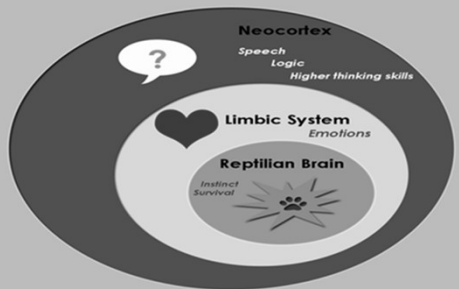
ACEs Impact Over the Lifespan

Effects of cumulative ACEs:

- Neurological
- Biological
- Psychological
- Social
- Mortality



The Triune Brain Model



Chun-Hail 2007

Explaining not Excusing Behaviors

Outward Expressions

- Anger or defiance
- Violence toward others
- Truancy
- Criminal acts
- Perfectionism

Inward Expressions

- Withdrawal
- Substance use or abuse
- Violence to self
- Spacing out
- Perfectionistic

Trauma Worldview

- No place is safe
- Other people are unsafe and cannot be trusted
- My own actions, thoughts, and feelings are unsafe
- I expect crisis, danger, and loss
- I have no worth and no abilities

It is because of this worldview, we need....

TRAUMA-INFORMED CARE

Do No Harm

"We need to presume the clients we serve have a history of traumatic stress and exercise 'universal precautions' by creating systems of care that are trauma-informed." (Hodas, 2005)

Trauma-Informed Care

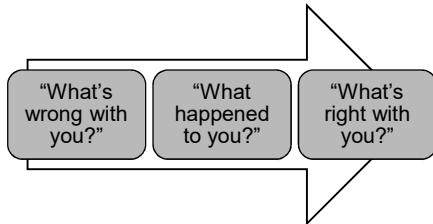
What it is:

- A principle-based culture change process
- It focuses on how trauma may effect an individual's life and their response to behavioral health services

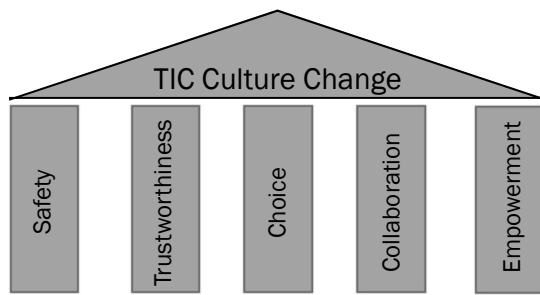
What it is not:

- An intervention to address PTSD
- A "flavor of the day" approach

Trauma-Informed Care: The Transformational Question



Five Primary TIC Principles (Fallot and Harris, 2006)



The Five Principles of Trauma-Informed Care

SAFETY
Involves both physical and emotional safety. Both the setting and the interactions are physically and psychologically safe which includes where and when services are delivered, as well as awareness of an individual's discomfort or unease.

TRUSTWORTHINESS AND TRANSPARENCY
Trustworthiness involves meaningful sharing of power and decision-making. There is transparency in operations and decision-making that maintain trust. Trustworthiness is ensured through clarity and consistency.

CHOICE
The goal here is to strengthen staffs, participants, and families' experience of choice. There is recognition of the need for an individualized approach. There is active participation in decision-making regarding services. It is understood that offering built-in small choices make a real difference.

COLLABORATION
This principle is about collaboration and mutuality. This principle is about partnership and a leveling of power differences. There is recognition that healing happens in relationships and meaningful sharing of power.

EMPOWERMENT
An individual's strengths are recognized, built on, and validated.

Falld & Harris, 2006

These five values are critical in the adoption and implementation of trauma-informed culture change

Comparison

Traditional	Trauma-Informed
Key Question: "What's wrong with you?"	Key Question: "What happened to you?"
Focus is on symptom reduction	Symptoms seen as adaptations to trauma
Rules, directives, and use of token systems to maintain order	Wellness plans, stress reduction are among many tools used to recover
Therapy is seen as primary and often sole healing approach	Healing can happen in healthy relationships

What Does TIC Look Like?

- During emotional times ask "How can I support you right now?"
- When the trauma story overwhelms or leaves you speechless, be willing to sit in supportive silence
- Provide clear information about when, where, and by whom services will be provided
- Be prepared to repeat information many times; repetition is commonly needed when consumers are working with an overwhelmed nervous system

A Personal Reflection on How Sex Positive Support And TIC Could have change a Family

- Robert, Maria, Christy, Nicole and Matthew's Story
- Ending three generations of the Impact of Sexual Abuse
- Ending the trail of:
 - *Substance Use*
 - *Unhealthy Sexual Behavior and it's Victims*
 - *Suicide Attempts and Completion*
- Possible creating a new healthy option for families in need

Trauma-Informed Care

- TIC:
- Is a way of being
 - Is understanding what people are going through
 - Is a way of talking, listening, and hearing
 - Is a way of offering care

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Interventions

- Primary intervention: *Trauma-informed care* because everyone should be informed
- Secondary intervention: *Trauma-responsive services* because we can assess who is at risk
- Tertiary intervention: *Trauma-centered services* that are used to help traumatized people heal

(Sandra Bloom, 2015)

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TIC and Organizational Culture Change

- Need leadership buy-in and ongoing support
- TIC Champions
- Meaningful consumer involvement
- Trauma-sensitive human resource practices
- Trauma-sensitive environment
- Trauma sensitive strategies and tools
- Work toward fidelity

Tonier Cain

“Where there’s breath, there’s hope.”

RESOURCES

Trauma-Specific Models and Interventions

- Risking Connection <http://www.riskingconnection.com/>
- Sanctuary Model <http://www.sanctuaryweb.com/>
- Seeking Safety <http://www.seekingsafety.org/>
- Trauma, Addiction, Mental Health and Recovery (TAMAR) <http://nicic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar>
- Trauma, Affect Regulation Guide for Education and Therapy (TARGET) <http://www.advancedtrauma.com/>
- Trauma Recovery and Empowerment Model (TREM) <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158>

General Trauma Resources

- National Center for Trauma-Informed Care <http://beta.samhsa.gov/nctic>
- National Center for Posttraumatic Stress Disorder <http://www.ptsd.va.gov/>
- International Society for Traumatic Stress Studies <http://www.istss.org/>
- International Society for the Study of Trauma and Dissociation <http://www.isst-d.org/>
- The Anna Institute <http://www.theannainstitute.org/>

Other Tools You Can Use

- SAMHSA TIP 57: <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- Alphabetical list of trauma and PTSD measures: http://www.ptsd.va.gov/professional/assessment/all_measures.asp
- Twelve Step Facilitation Therapy (TSF): <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=358>
- Program Curriculum: Roadmap to Seclusion-Free and Restraint-Free Mental Health Services: <http://store.samhsa.gov/product/Roadmap-to-Seclusion-and-Restraint-Free-Mental-Health-Services-CD-/SMA06-4055>

Books

- Burana, Lily. (2009). *I Love a Man in Uniform: A Memoir of Love, War, and Other Battles*. New York: Weinstein Books.
- FalLOT, R., and Harris, M. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.
- Marich, J. (2012). *Trauma and the Twelve Steps*. Warren: Cornersburg Media.
- Marich, J. (2014). *Trauma Made Simple*. Eau Claire: PESI Publishing & Media.
- Perry, B. (2007). *The Boy Who Was Raised As A Dog*. New York: Basic Books.
- van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Viking.
- van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers.
- Wilcox, P. (2012). *Trauma-Informed Treatment: The Restorative Approach*. Holyoke: NEARI Press.

Questions?



Thank You!

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